

SUMMER RESEARCH SCHOLARSHIP PAYMENT FORM

PLEASE COMPLETE AND FORWARD TO:

Human Resources Branch, Division of Services and Resources

This form is used to pay Summer Research Scholarships where the scholarship period exceeds a period of one month and payment is required on a fortnightly basis. Please ensure that a Banking Authority form signed by the payee is attached to this application. (See Page 2)

PERSONAL/STUDENT DETAILS (PLEASE USE BLOCK LETTERS)

Employee ID: _____ School/Branch:

Title: Family name: Given names (in full):

Gender: Male Female Date of birth:

Home/Postal Address: City: State: Post Code:

SCHOLARSHIP PAYMENT DETAILS (ALL INFORMATION IS REQUIRED)

Period of scholarship payment

Start date: End Date (Inclusive):

Break periods (if applicable): From: To (Inclusive):

From: To (Inclusive):

Total scholarship amount to be paid: \$

Fortnightly scholarship amount (Annual amount/26): \$

Is this Scholarship taxable: Yes No If Scholarship is taxable, please attach a Tax Declaration Form to this form.

Details of Scholarship: For pay period dates please refer to: [HR Processing Timelines](#).

PAYMENT DETAILS

Account code: UNIAD / 2411 / _ / _ / _ / _ / _ % _____

Account code: UNIAD / 2411 / _ / _ / _ / _ / _ % _____

AUTHORISATION (ALL SIGNATURES ARE REQUIRED)

Head of School

I authorise payment to the above named student for Summer Scholarship.

Name (please print):

Signature: Date:

Remuneration and Benefits Handbook	Summer Research Scholarship Payment Form	Effective Date:	27 November 2015	Version 1.2
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SUMMER RESEARCH SCHOLARSHIP PAYMENT FORM (Banking Authority Form)

Please complete this form and return it to the HR Branch to enable fortnightly payment of your scholarship.

STUDENT DETAILS (PLEASE USE BLOCK LETTERS)

Student ID: _____

Title: **Family name:** **Given names (in full):**

MAIN DEPOSIT ACCOUNT

Name of financial institution: _____ **Branch:**

BSB: _____ **Account no (maximum 9 digits):** _____

AUTHORISATION (SIGNATURE IS REQUIRED)

Student
I hereby give the University of Adelaide authority to credit all monies due to me to the account specified above.

Signature: **Date:**

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